USE BLACK INK OR HEAVY PENCIL

STATE OF WASHINGTON Department of Social & Health Services DIVISION OF HEALTH



PUBLIC HEALTH LABORATORIES

1610 NE 150th St., K17-9, Shoreline, WA 98155

ADDRESS	PATIENT'S NAME				SEX M AGE	
ADDRESS				COUNTY		
DATE OF ON	SET	CLINICAL DIAGNOS	SIS	the first of the second se	TIBACTERIAL AGENTS	
FOR:	> DR.					
ADDRESS:	>					
CITY:	*	STATE	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		V.	
	AREA CODE & PHON	IE NO. COUN				
DESCRIPTION OF SPECIMEN		DATE	DATE SPECIMEN COLLECTED		RESULTS TO DATE (Attach results of biochemical & other studies)	
SOURCE OF	SPECIMEN					
HUMAN OTHER (s	ANIMAL (species) specify)					
TYPE OF SPECIMEN	CLINICAL []C	CULTURE				
REMARKS					ENSITIVITY	
LABORATOR	Y REPORT NO. RB	DO NOT	WRITE BELOW THIS		RECEIVED	